



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF HOME INSPECTORS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

VERIFICATION OF HOME INSPECTOR TRAINEE SUPERVISION

INSTRUCTIONS: *Each of a Trainee applicant's supervising home inspector(s) completes and signs this form*

1. Trainee Applicant's Name: _____
Last First Middle Initial
2. Supervisor's Name: _____
Last First Middle Initial
3. Do you hold a Delaware Home Inspector license? Yes ☐ No ☐ If no, STOP. You cannot supervise a trainee. If yes, enter DE License: H4- _____
4. Business Address: _____
City State Zip code
5. Phone: _____ Email: _____
6. I certify that the applicant named above will assist in completing home inspection reports and may co-sign the home inspection under my supervision. Yes ☐ No ☐
7. Do you certify that you will:
 - actively and personally supervise the trainee? Yes ☐ No ☐
 - review and sign the home inspection report? Yes ☐ No ☐
 - accept total responsibility for the home inspection report? Yes ☐ No ☐
 - review and approve the trainee's *Experience Log* and provide copies of any home inspection reports the trainee assisted in preparing as requested by the Board? Yes ☐ No ☐
 - comply with all rules and policies for supervisory home inspectors? Yes ☐ No ☐
 - only assign work to the trainee if the trainee is competent to perform such work? Yes ☐ No ☐
 - not charge the trainee any fee or other item of value as a condition of supervision? Yes ☐ No ☐
 - not require a trainee to execute a non-compete contract as a condition of supervision? Yes ☐ No ☐
8. Do you supervise anyone other than the trainee named above? Yes ☐ No ☐ If yes, enter the information at right.

NAME OF TRAINEE/LICENSEE	LICENSE NUMBER	JURISDICTION
9. Do you agree to notify the Board in writing when you are no longer supervising the trainee? Yes ☐ No ☐

Supervisor Signature: _____ **Date:** _____

State of _____ County of _____

Sworn and subscribed to before me this _____ day of _____, 2_____.

Signature of Notary Public: _____

SEAL

My commission expires: _____

Return the signed, completed, notarized form *directly* to the Board office at the address above.